

ILLEGAL DUMPING TIP PROGRAM

1. (a) I _____ reside at

(Street) (Borough)

(City) (Zip Code)

(b) Employed by _____

2. Telephone: Work () _____

Home () _____

3. At approximately _____ AM/PM on _____
(Day of Week)

I have observed a vehicle dump material such as _____

at _____
(Location) (Borough)

4. The vehicle bore license plate number: _____

(State) (Commercial, Non-Commercial)

The vehicle was a _____
(Make, Model, Color, Type, Size, etc.)

It has the following distinguishing marks:
(Missing Parts, Dents, Company or Business Name, Different Colors, etc.)

(Signature) (Date)

NOTE: TIP PROGRAM - INFORMATION ABOUT YOU WILL NOT BE RELEASED